



REQUEST FOR SERVICE

FedSource – Denver

Box 25305, Bldg. 41, RM 137
Denver Federal Center
Denver, CO 80225
(303)236-1942 (303)236-0016 FAX

Procurement Services

Task Order Number: _____

Section I - Service Requested (Information to be filled out by requesting agency)

Agency Name _____

FedSource IA (customer) #: DEN _____ (this number can be found on our web site at www.fedsource.gov)

Requestor Name _____ Requestor Phone Number _____

Requestor Address: _____

Requestor Fax Number _____ Requestor Email Address _____

Dates Required From: _____ To: _____ Report Time: _____ a.m. - _____ p.m.

Job Location: Street Address _____

Bldg. # _____ Entrance # _____ Floor _____ Room # _____

Attached statement of work

Approving Official Signature: _____ Date _____

Section II - Cost Estimate – (to be completed by FedSource - Denver)

A funding document is now required from your agency to fund services through FedSource - Denver

Listed below is a cost estimate. Please supply our office with a funding document or if your office does not issue funding documents please have someone with intergovernmental obligating authority sign in section III of this form, in which case FedSource will assign a funding document number.

Cost estimate \$ _____ Vendor Chosen _____

Section III - Funding Authority (to be completed by requesting agency)

Funding Document Number _____ (Please attach a copy of document)

OR

Obligated Amount \$ _____

Intergovernmental Obligating Authority Signature _____ Date _____

Please print the obligating authority name here _____ Phone Number _____

Section IV - Billing Information (to be completed by requesting agency)

Place a checkmark next to the requested method of billing and fill in the appropriate information per your agency

_____ IPAC Billing (**Preferred Method of Billing**): Agency Locator Code _____
Account Number (If using this request form as funding document) _____

_____ Credit Card: Credit Card Number _____ Exp. Date ____/____/____
Cardholder name _____ Cardholder Phone # _____
Cardholder fax # _____ Cardholder email _____
Cardholder signature _____

Provide the following information as to how and where billing documents should be sent:

Name: _____

Phone #: _____ Fax #: _____

Address: _____

E-mail Address: _____

Preferred method of receiving billing information:

_____ by e-mail _____ by fax _____ by mail